2411 N. Charles St., Baltimore 440/

03214

# CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Ind Jacket.
City or town	State County
How long in about place of death?	City or town
In nospiral, ingration, or street address where death occurred:	
	Street No
Hogelong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME OTHER May Benson	3. (b) Social Security Number
4. Sex  5. Color or race 6.(a) Single, married, widowed, or divorced  Advanced	MEDICAL CERTIFICATION  2D. DATE DF DEATH March. 4 19 45 pt 9:30 P m
B.(b) Namo of husband or wife Miles Section 18.(c) If alive, give age 5.	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Dec 24, 1888	and that I last saw halivo on
8. AGE: Years Months Days If less than one day  56 2 10	Immediate cause of death DURATION
9. Birthpiace Just Saudy Md (Town, county, and state)  10. Usual occupation Arrangement.	Due to Venerecur C
11. Industry or business	- Rotustricture +
12. Name Akules Slaw 13. Birthplace Ad.	Other conditions
14. Maiden name Packasil aun Delehag  15. Birthplace  Dal.	Major findings of operations
(N) . (13	- Date of op.
Address Caston 200.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal Which?)  Bate thereof Mch. 7 945  (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location (Lucus Case of Case o	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Odslaw . M.S.	23. SIGNATURE JOHN M. D. or other
19. 3/3 19. 43 1- V4 / MCCLE (Date rec'd by registrar) Registrar	Da to U. I Z Z

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APR 6 1945

TITETAT V.S.

2411 N. Charles St., Baltimore

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# (1321)

## CERTIFICATE OF DEATH

or Dist. No. 290

OBILITATION.	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or fown  If outside city or town limits, writh RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
Dotter Stray Drown	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH
6.(b) Name of husband or wife.	21. I CERTIFY that that occurred on the date above stated: that I attended deceased from  1945 to III 24 1946 and that I last saw have allye on III 24 2 4 1946
8. AGE: Years Months Days It less than one day 7 5 hrs. min.  9. Birthplace (Town, county, and state) 10. Usual occupation	Due to. Due to
11. industry or business  12. Name. Cel. Deuson  13. Birthplace Dalbox Ceo. Affd.	Other conditions
14. Malden name Parale Thomas  15. Birthplace Dalboj Geo. Appl.	(Include pregnancy within 8 months of death)  Major findings of operations
Address Doston Hd. 1/8 aurora St.	Autopsy results
17. Service Date thereof (month) (day) (year)  Cemetery or crematory (character)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Location Caston Hd:  18. Funeral director Y. Clus Classe	Injured at home, farm, Industry, public place (where?)
Address Octor, Hol.  19. 3/08 19.45 N.Jd. Neurus Registrar  (Date ree'd by registrar)	23. SIGNATURE DESCRIPTION OF ADDRESS DATE SIGNATURE DESCRIPTION OF ADDRESS DESCRIPTION OF ADDRESS DATE SIGNATURE DESCRIPTION OF ADDRESS DE

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APR 6 1945

BUREAU V.S.

03216

## CERTIFICATE OF DEATH

2411 N. Char	DEPARTMENT OF HEALTH rles St., Baltimore 179
CERTIFICA	TE OF DEATH Reg. Dist. No. 290
PLACE OF DEATH:  Ounty  Out town  (Is outside city or town limits, write RURAL and give nearest town)  ow long in above face of death?  Ospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
S. Livley Carter	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced female Colored Single.	MEDICAL CERTIFICATION 30  20. DATE OF DEATH
B.(b) Name of husband or wife.  1945 6.(c) If altre, give age year  7. Birth date of deleased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw h
8. Birthptace (Town, county, and state)	Ocata Cartaiti
10. Usual occupation	Due to
12. Name Walter Murray  13. Birtholace Bellevie Ford	
14. Maiden name Trates Carter  15. Birthplace Talbat County, Md.	(Include pregnancy within 8 months of death)  Major findings of operations.  Bate of on.
16. Informant Halter Missing MA	Autopsy results
17. Burial, cremation, or removal. Which?)  Date thereof. 3/3/1/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or crematory  Location  Sellettile	Where did injury occur?
18. Funeral director Character Address St. Trichages Mid.	110 80
19. 3/30 19 45 D-H Plensey Address Sutton M. Date sign	

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BUREAU V.

2411 N. Charles St., Baltimore (158)

## CERTIFICATE OF DEATH

03217

Rog. Dist. No. 290

1. PLACE OF DEATH:  County  City or town  If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital distitution, or street address where death occurred:  Now long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
Limones Davis	
4. Sex   5. Color or rate   6.(a) Single, married, widowed, or divorced   Male . Swhite   Lingle .	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(c) Name of husband or wife	March 11 19 10 March 1619 45
7. Sirih date of deceased (mo., day, yr.)  Jebil 1945.	and that I last saw h
8. AGE: Years Months Days If less than one day	2-42-56
8. Birthplace Eastan - Dallah. Maryland. (Town, county, and state)	Due to faulty feading Quelo
1D. Usual occupation.	Due to
11. Industry or business  12. Name	Diher conditions
14. Maiden name Sauca Lauls bury.  15. Birthplace Trappe Macyland.	Major findings of aperations.
18. Informant Mrs. Aalera. Stois.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Castan Manylund.  17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Location	Where did injury occur?
18. Funeral director T. Olip Burk Suils.	Means of Injury Injured at work?
Address Caston Mas.	23. SIGNATURE M.D. or other/
(Date reed by registrar)  (Date reed by registrar)  (Date reed by registrar)	Address Sur Es aller Bate signed 3/16

APR 6 1945 BUREAU V.S.

PLEASE

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

Dr. Rush 03218

CERTIFIC	EATE OF DEATH Reg. Dist. No.	. 27
1. PLACE OF DEATH:  County  City or town  (If outside city or fown limits, wrip RULL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death accurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For new 100 m) ntants give residence of mother)  State County City or town (1f outside city or town mints, write RURAL and give Street No.  (If retral, give LOCATION)	ve nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME  James J. Daolea  4. Sex // 5. Columbia rate   6.(a) Single, married, widowed, or divorced		re.
4. Ser Scale State	MEDICAL CERTIFICATION  20. DATE OF DEATH March 201194	1000
6.(b) Name of husband or wife 6.(c) It allve, give age 7. Birth date of	years and that I last saw h. A.A.A. alive on	1 20 19 45
deceased (mo., day, yr.) Sept. 10, 1855  8. AGE: Years Months Bays If less than one day 10 hrs.	min. Immediate cause of death	DURATION 1
9. Birthpiace D. Land (Town, gunty, and state)	Le Due to.	
11. industry or business	Due to.	
12. Name Leekuvul 13. Birthplace "  Manual Control	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name Mary backs 15. Birthplace Westgraw.	Major findings of operations	
Addres Prappe Md 185	Autopsy results.  PHYSICIAN: Ptease underline the cause to which death should be cha  22. VIOLENCE: If death was due to external causes, till in the following:	arged statistically.
(Borial, cremation, or removal Which?)  Date thereof (month) (day) (year)	-2	
Location Location Republication	Injured at home, farm, Industry, public place (where?)	
Address Castan Prarelant	23. SIGNATURE Joef arons	L.D. D. T.
19. March 13 19 W Yould Bloom Regist		-/93///

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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# 03219

## CERTIFICATE OF DEATH

			294
Reg.	Dist.	No.	194

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
	Sireet No
Now long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME John W. Dulin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced white widower	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.
6.(b) Name of husband or wife.  5.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) Och 12 1857	and that t tast saw h. LLLL alive on
8. AGE: Years Months Days If tass than one dayhrsmin.	Grome Replantes ?
9. Birthplace. Jallot & . M. (Town, county, and state)  In Heart accuration Farmer.	Due ta Citlerio Selesosos ?
10. Usuat occupation.	Due to
12. Name John W. Dulin Se. 213. Birthpfaga Jalbot Co. Ind.	Other conditions.  Security
14. Maiden name Marquet Snow	(Include pregnancy within 8 months of death)  Major findings of operations
18. Informant Muss Ernma Dulum	Autopsy results.
Address Claitorne Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, William)  Bate thereof (month) (day) (year)	22. VIOLENCE: if death was due to externat causes, fill in the following:  Accident, suicide, or homicide
Cemelery or cremalory. Spring. Hell Cemetery	Where did injury occur?
Location Newnam & Harram	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director. Let michaels, Ind	H. Hole M.D.
19 Ath 14 1945 Clema C Thomas (Date rec'd by registrer)	23. SIGNATURE  M. D. or other  M. D. or other  Address St. Muchaels Md Date signe 3/14/45

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APRIT 1045
RUBEAU V.S.

AREA STATE

2411 N. Charles St., Baltimore 19

## CERTIFICATE OF DEATH

(13221) Reg. Dlat. No. 290

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  City or town  (If outside city or town limits, wrise RURAL and give powers town)
Hospital, Institution, or Street address where death occurred:    How tong In pespital or Institution?   Such Somice:	Sireet No
3.(a) FULL NAME Baker Guil Fishel.	3. (b) Social Security Number
Henale 20 file Quefanh.  6.(a) Single, married, widowed, or divorced Quefanh.	MEDICAL CERTIFICATION  2D. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  3. 9. 19.45. to 3.7. 19.45.
7. Birth date of deceased (mo., day, yr.) 3-9-45.	and that I last saw h. A. A. alive on 3. 7. 19.4. S. Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day  4	Due to. (6 1/2 m m/h)
10. Usual occupation.  11. Industry or business    12. Name	Bue to
14. Malden name R. Lanca Krading.  15. Birthplace Rock, Grad	Major findings of operations
Address to de a la l	Autopsy results
Location	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other
(Date red d by registrar)	Address electronic Mediate signed 2/3/



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important.

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PLEASE WRITE

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1. PLACE OF DEATH:

Hospital, Institution, or street address where death occurred:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181-0)



3, (b) Social Security Number

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

Luna	10 4	41	Vi sames	1
17	white	6.(a)Single	e, married, widowed, or divorced	
8.(6) Name of husband or	wife Ges		the plans	,
7. Birth date of deceased (mo., day, yr.)	9-1	3-	1864	year
8. AGE: 80	Months.	nays	If less than one dayhrs.	mlo.

ide city or town limits write RURAL and give nearest town)

MEDICAL CERTIFICATION

9. Birthplace	inty, and state)
10. Usual occupation.	e e
tt. Industry or business 8000	some.
12. Name Danies	Jen Gebern
Z 13. Birthplace Comercia	ett Co mi.
# 14. Maiden name Pe See	a Williams
14. Malden name	o as mil.

Registrar

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

(Include pregnancy withlu 8 months of death)

(month) (day) (year)

Accident, suicide, or homicide..... Where did injury occur? .....(City or town) (County)

Injured at home, farm, industry, public place (where?) ...... Means of Injury Injured at work?

(Date rec'd by registrar)

Address.

THE SOURCE STATISTICS

ATTEMPT OF THE PERSON NAMED IN

APR 17 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 487

03222

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother)	
A-T-	State County	
City or town. (If ootside giry or town limits, write RURAL and give nearest town)	8 -1:	4 88 94
How long in above place of with?	(If outside city or town limits, write RURAL and give nearest town)	
Nospital, Institution, or sweet address where death occurred:		
	Street No	
How long in hospital or institution?	2.(a) It veteran, name war	••••
3. (a) EULL NAME	3. (b) Social Security Number	
for many Elizabeth Bredericke	216-03-6324	_
4. Sex 5. Color or page 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F. W. M.	20. DATE OF DEATH March 78 1945 at 7:10	Pin
6.(b) Name of husband or wife Nerman I treducks	21. I CERUFY that death occurred on the date above stated; that I attended deceased from	_
B.(c) It alive, give age 73 years	15 1944 10 Mar 28 184	
7. Birth date of deceased (mo., day, yr.) May 16, 1880	and that I last saw h. Lt. altre on that 2 & 19 4	15
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	H
64 10 12 hrs. min.	Carcinna of Curry 342	
67   1   min.	Calcuma of Curry 342	1.
B. Birthplace (Toyle, coonty, and state)	Due to	*******
10. Usual occupation Chamaches		******
0	Due to	•••••
12. Name John Ball	Other conditions Metastases to Jung 3 24.	1
≥ 13. Birthglade	fine (Include pregnancy within 8 months of death)	
14. Maiden name		
15. Birthplace	Major findings of operations.	
2 15. Birthglace	Date of op.	*******
18. Interment Mas Christee G. Sullis	Actopsy results	******
Address Nove Will. Caston. M.		
17. (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external eausea, till in the tollowing:  Accident, suleide, or homicide	
Theles de decond		
Cemetery or crematery	Where did injury occur?	
Location Automore has	Injured at home, farm, Industry, public place (where?)	••••••
18. Funeral director Allies Bank.	Means of Injury Injured at work?	
Address Gaslew . M.	22 SIGNATURE A. H. C. Stevens M. D.	,
1. 3/2 us- my/ no	M. D. or other	
19. 5/30 19.45 (Date see'd by registrar) Registrar	Address Easter Med Date signed 3-30-0	45

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BUREAU V.S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(13223 Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Later Late	State Mangland county Talkah.
(If outside city or town limits, write RURAL and give nearest town)	City or town Coastons
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
* memorial Haspital	Street No. 11.3 Hamman Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
nelesa Isebean.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Closed Windower	20. DATE OF DEATH. 3- 16 19 4-5 at 4 5 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar 6 19 45 10 Mar 16 19 45
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Curboling SMM
807min.	Car amour Douses ?
T-01.40	Oue to.
9. Birthpiace	
10. Usual occupation	Oue fo
11. industry or business	
12. Name	Other conditions
	(Include pregnapey within 8 months of death)
14. Maiden name Levels Section 15. Birthplace	Major findings of operations. Q & Slowelle
	Quality of op.
16. Informant Quicie Caplice	Antopsy results.
Address Easton ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 13unia Date thereof 3/19/45	22. VIOLENCE: If death was due to external causes, flit in the following:  Accident, suicide, or homicide
17(Burial, cremation, or removal. Which?)  Oate thereof 3/9/45  (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director acts WV Type C	means or injury injures at notice
Address Cartine - shel.	23. SIGNATURE True Colins
1. 31,2 1.45 n. 1. Neeren	M, D. or other
(Database'd by registrar) Registrar	Addrage COPIECO Bate Signed MA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

APR 6 1945 BUREAU V.8.

# PLEASE WRITE PLAINLY, WITH UNFADING MAK, Supply every item of information carefully. The correct age is especially important. Physicians write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore Bi-a

# CERTIFICATE OF DEATH

03224

1. PLACE OF DEATH: Jalbot  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mether)  State
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced  Musle white mound  8.(b) Name of husband or wife Succella Mumford  7. Birth date of Secondary Sec	MEDICAL CERTIFICATION  20. OATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18.45  and that I last saw h. Medicalive on 19.45
8. AGE: Years Months Days It less than one day  8. Birthplace	Oue to
14. Maiden nama Prancy World  15. Birthplace Newbork Pass  16. Informant Otho Gray  Address Claibone Daw.	(Incindo pregnancy within 3 months of death)  Major fiadings of operations
17. Advisal Gate thereof Mar. 5-1945  18. Funeral director. Neuron & Homes  Address  19. Mar. 34. (Date rec'd by registrar)  19. Gate thereof Mar. 5-1945  Gate thereof Mar. 5-1945  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

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MARKET AND LOSSES.

RECEIVANCE

APR 17 1955

BUREAU V.S.

2411 N. Charles St., Baltimore



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				1./1./	

E OF DEATH	Reg. Diat. No.	
2. USUAL RESIDENCE (HOM (For nowher), infants give reside	E) OF DECEASED:	14
State ona.	County Sal	hot
12.101	P	10)
City or fown (If outside city or town	limits, write RURAL and give	nearest town)
Sireel No.	l, give LOCATION)	***************************************
2.(a) If veleran, name war	***************************************	
	3. (b) Social Securi	ity Number
1		., ., ., ., ., ., ., ., ., ., ., ., ., .
-06,	Ina	<u>_</u>
MEDICA	L CERTIFICATION	
20. DATE OF OEATH MAN	24 194	5 1356
21. I CERTIFY that death occurred on the d	ate above stated; that I attended d	aceased from
march 23"	10 45 10 march	20 1945
and that I last saw h & &alive en	mariel zzel	19 4 4
	00	DURATION
Immediate Gruse of death	N Arta.	
Secon	Jany)	3 mm
Due fo	0 2	
Denemana	- O Deasta	1938
	4	
Due te		
<u>2</u>	00	
Other conditions Daneur	conday)	
(Include pregnancy wit	hin 8 mort) s of death)	
Major findings of operations		
***************************************	Date ef op	
Actopsy results	to which death shoold he charg	red statistically.
22. VIOLENCE: If death was due to exten	nal causes, fill in the following;	
Accident, suicide, or homicide		
Where did injury occur?(City or t	own) (County)	(Stato)
injured at home, farm, industry, public pla	ce (where?)	
Means et Injury	Injured al work?	
23. SIGNATURE Joseph	a Rom hud	

. Supply every item of information carefully, please write the causes of death clearly and PLEASE WRITE PLAINLY, WITH UNFADING HAR is especially important. Physichers

. The collegibly.

1. PLACE OF DEATH:

3.(a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.... 10. Usual eccupation 11. Industry or business

8. AGE:

(If outside city or low limits,

Months

Years

(Burial, cremation, or removal. Which?)

Cemetery or crematory.

(Date rec'd by registrar)

If less than one day

(month) (day) (year)

Registrar

Hospital, Institution, or street address where death occurred:

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STATE OF THESE PARTY PARTY OF MALES

DESCRIPTION OF STREET

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NOTE AND DESCRIPTION OF THE PROPERTY.

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BUREAU V.S.

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age	is	sh	own	on	

2411 N. Charles St., Baltimore

03226

FILM No. G 9 4 MAY 15 1945

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jacob	(For newborn infants give residence of mother)
City or town	State County County
	City or town
How long in above place of death?	(If outside city or town limits, wate RURAL and give nearest town)
Hospital, Institution for street address where death occurred:	Street No.
Standard Torpula	(If rurat, give LOCATION)
How long it hospital or institution? 1. damp	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (d) FULL NAME	3. (b) Social Security Number
Joseph Hande Ha	ley 213-12-6768
4. Sex S. Color or rade   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	311
male W Single	2D. DATE DE DEATH March 3 1945 21 8:550 M
Samuel Samuel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Feb. 20 1945 to Mar. 3 1945
	and that I tast saw h MM alive on Man 3 19 43
7. Birth date of deceased (mo., day, yr.) Sept. 19, 1904	and that I tast saw h. M.M. alive on
	Immediate cause of death DURATION
8. AGE: Years Month's Days It less than one day	facte ascoholism 11deep
40 4- min.	Dub dure homorrhead 11 "1
Quistal Tomorros	- Broncho hneumonial Shara
9. Birthplace	
10. Usual occupation.	Due to.
11. Industry or business	
12. Name Jaurence F. Haley	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Bessie Wright  15. Birthplaco Mastersburg W. Va	
15. Birthplaco martinestina W. Va.	Major findings af operations
≥ 15. Birthplaco martinering W.Va.	Date of op.
18. Informant Ma: Herbert Halley	Antopsy results
my by I md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Oxford 1912	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or removel, Which?)  Date thereof (wonth) (day) (year)	Accident, suicide, or homicide
(Burisl, cremation, or removal, Which?)	
Cemetery or crematory.	Where did injury occur?
leha land Ca.	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Maurite E. Pleusian Fast	Means of injury tnjurod at work?
En Jon And.	1 . // Hart - 2 / 114/11
Address Carton My.	23. SIGNATURE & AND IV. IVELLET MU SAFARECEL
3/4 "45- n.H. nesses	M. W. or other
19	Address Date signed 3 - 4- 4-5

APR 6 1945

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03227 Reg. Dist. No. 290

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
MARY JOHNSON	3. (b) Social Security Number
4. Sex Solor or race Solored S	MEDICAL CERTIFICATION  20. DATE DF DEATH
18. Funeral director.  Address  Dates, Add.  19. B. 19. 19. 45. News.  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address  Date signed

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APR 6 1945

BUREAU V.S.

2411 N. Charles St., Baltimore (370)



03228

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).  State
4. Sex School (archael widowed, or divorged School (archael widowed, or divorged with the school with the scho	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Dirth date of deceased (mo., day. yr.)  8. AGE: Years   Months   Days   If less than one day   1   2	and that I last saw house alive on 18 DURATION  Immediate cause of death 3 DURATION  Due to 19 DURATION
10. Usual occupation	Due to
14. Maiden name Auf Muy  15. Birthplace  16. Informant  Address  Address  Address  Address	(Include pregnancy within 3 months of death)  Major findings of operations
17. (Burial, cremation, or removal. Whigh?) Date thereof (month) (day) (year)  Cemetery or crematory  Location Hull (Masses Const.)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director of the Control	Means of Injury  Injury  Injury  Injury  M. D. of other  Address

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APR 4 1945

BUREAU V.S.

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

# CERTIFICATE OF DEATH

- 6	1 2	9.	11)		_
	10	For to	9 576	76	7 1
Reg.	Diat	. No	9	~	, ,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Wed Parts
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How John IV above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address whera death occurred:	
- CY	Street No. (If rural, glya_LOCATION)
Haw long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
Richard Henry Mey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
Mount	20. DATE OF DEATH. March V/2 19 45, 5.15 PM
8.(b) Name of husband or wife fear laylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) trailve, give age 25 years	
7 Right data of	and that I last saw hative on
deceased (mo., day, yr.) Dec 23 1908	Immediate cause of death
8. AGE: Years Months Days If less than one day	(a) 1   2   1.
36 2 29nrsmin.	KINDANE Crash 3/1/45
Indian-palin Ind	Due to.
9. Birthplace(Town, cynnty, and atate)	Due to
10. Usual occupation assistant operation mar.	
11. Industry or business Alerna L. Maritini Co.	Due to
12. Name William C. Meyer	Dther conditions
13. Birtholace Indianapolis Ind.	
14. Malden name Hills Propella Mordhold  15. Birthplace Indianapolis, Ind.	(Include pregnancy within 8 months of death)
	Major findings of operations
21 15. Birthplace Ondianapolis, Ina.	Date of op.
18. Informant A - Phattaliana	Autopsy results
Address Lem L. Martin Co. Ballo Md	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
12-22-115	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or renoval, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide,
Breenwount Breeteld	Where did injury occur?
Bult and	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director TOWN V. Melliams	Means of Injury Injured at work?
Address Parton Marillana	fail Mast modelle 16.
al all all all all all all all all all	23. SIGNATURE M.D., or other
19. 3/24 19 X5 NA BULLA Registrar	Gestin Mid 3houles
(Date rec'd by registrar) Registrar	Address Date signed U.V.

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In the State of th

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ADI G INK. Supply every item of information carefully. The correct age Providents: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

	03	12	3	1	00	
log.	Diat.	No	• • • • •	~	70	

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn Infants give residence of mother)
(N outside city or town limits, write RURAL and give nearest town)	State County County
How leng in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street Ne. (If rural, give LOCATION)
Homong in hospital or institution?	2.(a) If veleran, name war
S. (a) FULL NAME	3. (b) Social Security Number
Drice A. R. Miller	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Co. M.	20, DATE OF DEATH Nack 16 19.45 of 5 13 Pm
Edward A Miller	21. I CERTIFY that death eccurred en the date above stated; that Lattended deceased frem
6,(b) Name of husband or wife	aleaust 1944 10 Max- 1945
7. Birth date et	and that I last say very alive on Warch 16 th 1945
deceased (mo., day, yr.) / / / / / / / / / / / / / / / / / / /	Immediate cause of death Carcino DURATION
8. AGE: Years Months Days It less than one day	a the literun with 1 w
64 5 -5hrsmin.	melastaris to right lenur
aller Caroli mi.	Due (e. (2)
9. Birthplace(Pown, county, and state)	Diabeles Millilia 345,
10. Usual eccupation	
11. Industry or business	Gué 16
	01.
12. Name What N. Descerlos.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name das J. Cusses	Major findings of operations
18. Intermant Edward A. Miller	Autopay results
Address Restan nd.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
A. I W. Marceli	22. VIOLENCE: If death was due to external causea, fill in the following:
(Burial, cremation, or removal. Which?)  Oate thereet (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or cremetery Alice The	Where did Injury occur?
Dieta Tred	Injured at heme, farm, Industry, public place (where?)
Lecation Lecation	Means of injury / Injured at work?
18. Funeral director	1
Address Seating. Mo.	Mailline & Degree agent
51,2 US- n. N. Man.	23. SIGNATURE M. D. or other
19. (Unte /ec'd by registrar) Registrar	Address Ceautin Md (Jate signed May 17/45

RECEIVED APR 6 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 93 A

# CERTIFICATE OF DEATH

(13231 Reg. Diat. No. 290

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants givoresidence of mother)  State
Head long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Amabel Morro	3. (b) Social Security Number
4. Sex 5. Color or race ( 8.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH / V 19.45 at 5 3 4 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that f last saw halive on
doceased (mo., day, yr.) Nov. 15. 1854	Immediate cause of death
(8) 80 3 25hrsmin.	Chronic mejocardis
9. Birthplace (Town, county, and state)	Duo to.
10. Usual occupation	
11. Industry or business  12. Name David S. Moore  13. Birtholace	Other conditions Srippe refection Tuk
# 14. Maiden name Onnia & more	(Include pregnancy within 3 months of death)
15. Birthplace Grandono Caroline County	Major findings of operations
18. Informant Mue Cheus Hardin,	Autopsy results
Address Conten, maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Wilch?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetory or crematory Spring Hall Carrotany	Where did injury occur?
Location Costan Maryland	Injured at home, farm, Industry, public place (whore?)
18. Funeral director Carl W. Shaffard	Moans of Injury University Injured at work?
Address Contact Contac	23. SIGNATURE OUGS (// Velly M. D. or other Addross Caston Pate signed 3 - / 3/45

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APR 6 1945

BUREAU V.S.

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

#### CERTIFICATE OF DEATH

132329 9.0....

102	Reg. Dist. No
1. PLACE OF DEATH:  Country  Cify or tynn.  (If outside city or town limits, write RURAL and give nearest town)  Toy long in above place of death?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nonrest town)  Sireet No.  (If rurat, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Clara agusta Mullekin	3. (b) Social Security Number
4. Sex 5. Color pt/sec 6.(a) Single, matried, widowed, or divorced  Temple white Wifaw	MEDICAL CERTIFICATION  20. DATE OF DEATH May 18. 1945 at 41.20 Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1. Lo 1945 10 Max 1846  and that I last saw h. 20 alive on Maxch 15 84 1945
8. AGE: Years Months Days If less than one day  17	Due to.
11. Industry or business.  12. Name	Dither conditions
19. Interment Address Aston Maryland.	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Date thereo  (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director Murrice Company Work Address Easton Na.	Means of injury injured at work?  23. SIGNATURE M. D. or other
19. 3/ 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Eastern M. D. or other Date signed 3/20/45

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTI
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2411 N. Charles St., Baltimore 94-0

## CERTIFICATE OF DEATH

03233

Reg. Dist. No. 291

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Jalbot	
City or town (If ontside city or town limits, write RURAL and give nearest town)	State Jud County Valbor
(If ontside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If onteide city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where Meath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lillian M. Newnam	None
4. Sp2   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale whites residow	- 1 30
	20. DATE OF DEATH Masch 31, 18 45 of Fin M
	21. TERTIFY that death occurred on the date above stated; that Lattenged decease forom
8.(8) Name of husband or wife	Ostober 15, 1844 19 Charel 3/19 45
7. Birth date of	
deceased (mo., day, yr.) July 14 1882	and that I last saw h de alive on Marine che 25, 1945 19
8. AGE: Years / Months   Days   If less than one day	Immediate sause of death
	Lowrand Island
62 8 17hrsmin.	allete and
9. Birthpiace Baltimore Ind	Due to John Sheumalore ( Inthreles 12 lucos
(Town, county, and atate)	
10. Usual occupation. Housewofe	4
/)-	Due to
11. Industry or business	
12. Name Tlorge Mendell	Other conditions V+4 parleusiou
12. Name Florge Mendell  13. Birthplace Baltunore Ind	
	(Include pregnsacy within 8 months of death)
14. Maiden name Inknown  15. Birthplace Inknown	Major findings of operations Aloue
S 15. Birthplace Linkwown	
Man Tolan 10th	Date of op. Watel
16. Informant 1000, Verman Vister	Autopsy results.
Address Nearth Talbotto Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q 1 QUI-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or repropal. Whigh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
to the	Where did injury occur?
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Meant Ind	Injured at home, farm, Industry, public place (where?)
Meyon and & o Sarrison	Means of injury Injured et work?
18. Funeral director / Canana - Chamber - Cham	
Address of michaels. Ind	T Blowdellell
01.11 11.11	23. SIGNATURE Ments and M. D. or other Address of Muchuels and Date signed 3. \$1.45
19. When I 1948 Rosen Herwales	At My aliela Med 251.44-
(Date rec'd by registrar) Registrar	Address Date signed Date signed

BUE EAU V. E.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

## CERTIFICATE OF DEATH

03234

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Massharet County Caroline
City or town. On outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 10 6 days	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Themound Haspital	Sireel Ho
How tong in hospital or institution? 106 days	2.(a) It veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Hattie Prettyma.	n e e e e e e e e e e e e e e e e e e e
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female W Widowed	20. DATE OF DEATH March 27 1945, at 4 4
G 11. R. 1/200	
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 3-27
7. Birth date of	ears and that I last saw h alive on 3 2 7 4 5
deceased (mo., day, yr.) March 4, 1884	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	0
61 23hrs	
9. Birthpiace Procuses	Due to Ceromonia filling
(Towd, county, and atate)	
10. Usual occupation for the more than the	Due to
11. Industry or business	7
	80
	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name MANY GUNS	Major findings of operations
	Date of op.
16. Informant Elmin Jak Jacke	Autopsy results
Address Nean Source of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 21-0 144	22. VIOLENCE: It death was due to external causes, fill in the following;
(Buriai, cremation, or removel. Which?) (month) (suy) (year)	Accident, suicide, or homicide
Cemetery or crematory # Cu IN Culty 7 /29 4	Where did injury occur?
Name of the state of the	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director	Means of injury Injured at work?
Address of ONT TOWN Of Chunnel	C. 20
31 Mel Carre	23. SIGHATURE M. D. or other
19. 3/27 10.45 / Deric	To Address Eggslow West Bota strand 3/29/45

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OFFICE AND ADDRESS OF STREET AND ADDRESS OF THE ADD

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age	is	shown	on	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03235

FILM No.G 9 5 MAY 21 1945

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many Land county Canoline 10
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Wiemanal Josephal	(If rurai, give LOCATION)
How longer hospital or institution?	2.(d) If veteran, name war.
Mrs. Una Roug	New 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
1- W Married	2D. DATE DF DEATH March + 19.44 at 7 a. M
6.(b) Name of husband or wife Olled Roughley	21. I CERTIFY that death occurred on the date above stated; that I attended deseased trom
S.(c) If allve, gusages .0 years	march 1 1945 10 March 4 1945
7. Birth date of deceased (mo., day, yr.) Cy : \ 17, 1886	and that I last eaw h all alive on Mantela 4 19 4
8. AGE: Years Month Days It less than one day	Immediate cause of death
∑9 58hrsmln.	appleres 11da.
8. Birthplace The degree md.	Due to.
(Town, county, and atate)	
1D. Usual occupation.	Due to My fun territoria
11, Industry or business	ares Selestes
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Tarelbras. 15. Girthplace	Major findings of operations.
₹ 15. Birthplace	Date of op.
16. Informant Hassey Walls	Autopsy results.
Address Address Manager Manage	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
17. Burial Date thereof Morelli 8.45	22. VIOLENCE: It death was due to externat causes, till in the tollowing;
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Ducusboro Mo	Injured at home, tarm, industry, public place (where?)
18. Funeral director Carefus and B. Cawlury	Means of Injury Injured at work?
Address Germaluro md.	as appropriate Teachers
19. 3/5 19.45 n. A. Neures (Date red d by registrar) Registrar	Address Ecology Date signed 2/8/45

RECENTAND

APR 6 1945

BUREAU V.S.

CENTRE OF VIOLENTIA CARRENTAGE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

#### CERTIFICATE OF DEATH

(13236 Reg. Dist. No. 292

1. PLACE OF DEATH:  County. Tal bot  City or town Tpappe (Rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6 years  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  Joseph Frank Richardson	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Male   S. Color or raco   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. Date Of Death Mar. 24, 1945 at 1:00A M
6.(b) Name of husband or wife. Mary E. Richardson  7. Birth date of deceased (mo., day, yr.) Sept. 2, 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 14. to May Ch. 19. 15.  19. 14. S.  Immediate cause of death MATTLD - SCILLY SLAD DURATION
8. AGE: Years Months Days If less than one day  72 6 22	Due to.
10. Usual occupation  11. industry or business  12. Name  13. Birthplaco  14. Mane  15. Mane  16. Washallo  17. Mane  18. Birthplaco	Other conditions.
14. Malden name Margaret Jutison  15. Birthplace Cappolene Co. Mr. George T. Harrison	(include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.
Address Trappe, Md.  17. Burial Date thereof Mar. 26, 194.  (Burial, cremation, or removal, Which?)  Sherwood	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Sherwood  Location Sherwood, Md.  18. Funeral director Maurice E. Newnam & Son	Where did injury occur?
Address Easton, Maryland  19. Mel 35 19. 45 Joseph Registrar  (Date rec'd by registrar)	23. SIGNATURE Milliam Degree M. D. or other M. Or o

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A SHEET TO ETAIL

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BUREAU V.E.

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56-4

#### CERTIFICATE OF DEATH

(13237 Reg. Dist. No. 290

1. PLACE OF DEATH:  Ceunty  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maxiglatian County Maxiglatian  City or town Maxiglatian Maxiglatian  (If outside city or town fimite, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
me hellie Seedew.	3. (b) Social Security Number
Female Evalue practice .	MEDICAL CERTIFICATION  20. DATE OF DEATH PROCESS 9 18 45 1 5 9 M
8. (b) Name of husband some mu Welliam E. Seeder.  7. Birth date of deceased (me., day, yr.)  8. AGE: Years Months Days If less than one day  3-3 8 3-0 hrs. min.  9. Birthplace (Town, county, and state)	Immediate cause of death DURATION  Cullafae Specialary General WW.
11. Industry er business    12. Name	Dither conditions Que to 2 Interiore filmoids cury of Major findings of operations.  Bate of op.
16. Infermant	Autopsy results
17. Bate thereof. 3./// (Barial, occupation, or removal, Which?)  Cemetery or crematery.  Lecation	Accident, suicide, or homicide
18. Funeral director Address Technology Med.  19. 3/9 19.45 D-H- Pelicis Registrar  (Date reg d by registrar)	23. SIGNATURE 200 Caluma M. D. or other Address. Earlan Sund Date signed 3. 10 H.S.

RECEIVED APR 6 1945 BUREAUTR

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

## CERTIFICATE OF DEATH

(13238 Reg. Diat. No. 290

Dr Police

County City or town   City or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in above place of death?  How long in above place of death of the state of death of death of the state of death of deat		
Size County Developed of County County for County Size County or C	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
The consideration of the property of the prope	County	me
City or team till succession of the street state of the street str	City or town Aff outside city or town limits, write RURAL and give nearest town)	4 + 1
Sines No. ((Trural, give LOCATION)  2.(a) If referen, name war  3.(b) Social Security Number  3.(b) Social Security Number  3.(c) Same of husband or wife  4.511  5. Color or flow  6. (a) Simple, married, wideyed, of diverced  MEDICAL CERTIFICATION  20. Date of Beaty  7. Deta date of  6. (c) Name of husband or wife  7. Deta date of  6. (c) Name of husband or wife  7. Deta date of  6. (c) Name of husband or wife  7. Deta date of  6. (c) Name of husband or wife  7. Deta date of  8. AGE: Yeary Monthy  8. AGE: Yeary Monthy  8. Rinden name  9. Birthplace  10. Usual eccupation  11. Indestry or business  11. Major maining  12. Rama  13. Birthplace  14. Major maining  15. Birthplace  16. County  17. Deta date of  18. Authory results.  19. Deta date of	How long to about place of death?	(If outside eight or town.limits, write RURAL and give nearest town)
Res logs in social or institution?  2.(a) If relevas, name way  3.(b) Social Security Number  WEDICAL CERTIFICATION  2.(a) If relevas, name way  3.(b) Social Security Number  WEDICAL CERTIFICATION  2.(a) If relevas, name way  3.(b) Social Security Number  WEDICAL CERTIFICATION  2.(a) If relevas, name way  2.(a) If relevas, name way  3.(b) Social Security Number  WEDICAL CERTIFICATION  2.(c) Haller of the security of the securi	Hospital, institution, or street address where death organied:	Strat No. 208 N. Murrara
3. (b) Social Security Number    Social Security Number   Social Security Security Number   Social Security Security Security Number   Social Security Number   Social Security S	2080 Merora St.	(If rural, give LOCATION)
4. Set Shuele Solid Color of the Shuele Soli	How long in hospital or institution?	2.(a) If veteran, name war
4. Set of the control		3. (b) Social Security Number
Securate white Maryel  6.(0) Name of husband or wife All Securation or wife All Security or desired or wife All Security or Security and Security or Se	E May Heurel ra legues	an, none
8. AGE: feary Monthy Days It less than one day  10. Usual occupation	4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2. I LEBRIFY that death occurred on the date above stated; that I attended deceased from  19. Eirih date of deceased (mm., day, yr.)  8. AGE: Teary Montay Days It less than one day  10. Usual occupation (Tewn, country, and state)  11. Industry or business  12. Name (Include pregnaney within 3 months of death)  13. Birthplace  14. Madeen name.  15. Birthplace  16. Informant Maders  17. But date of death above stated; that I attended deceased from  18. Actopsy results.  Antopsy results.  Antopsy results.  Antopsy results.  Particular or business (Include pregnaney within 3 months of death)  16. Informant Maders  17. But date of the date above stated; that I attended deceased from  18. Actopsy results.  Antopsy results.  Particular or business (Include pregnaney within 3 months of death)  18. Informant Maders  19. But thareof Maders  19. Where did injury occur? (City or tewn)  19. But of the conditions  19. But of the conditions (Country)  19. But of the conditi	Temale white Marked	(V) - 22 - b 1 /
5. (c) It alive, git age.  5. (d) It alive, git age.  5. (e) It alive, git age.  5. (e) It alive, git age.  5. (f) It alive, git age.  6. (f) It alive, git age.  7. (f) It alive, git age.  8. (f) It alive, git	Derbert-J. Leymon	
7. Birth date of decased (ma. day, yr.)  8. AGE: Year Monthy Days It less than one day  9. Birthplace. (Town, county, and stace)  10. Usual occupation. (Town, county, and stace)  11. Industry or business / Due to. (Day of the conditions. (Day of	(1) 14	
Birthplace   Cievra, county, and skete   Due to   Due t	7. Birth date of	7 - 4/4
9. Birthplace (Tewn, county, and state) 10. Usual occupation Due to Conditions 11. Industry or business 12. Name Other conditions 13. Birthplace 14. Major findings of operations 15. Birthplace 16. Informant Address 17. Cemetery or cremation, or removal, Which?) 18. Funeral director or cremation, or removal, Which?) 19. Evaluation Company of the Condition of the	Geceased (mo., 02), yr.)	Immediate cause of death
9. Birthplace (Tewn, county, and state) 10. Usual occupation (Tewn, county, and state) 11. Industry or business (Include pregnancy within 3 months of death) 12. Name (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) 14. Walden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informant (Include pregnancy within 3 months of death) 17. Antopy results (Include pregnancy within 3 months of death) 18. Function (Include pregnancy within 3 months of death) 19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  19. By County (Include pregnancy within 3 months of death)  10. Industry or business (Include pregnancy within 3 months of death)  10. Industry or business (Include pregnancy within 3 months of death)  10. Industry or business (Include pregnancy within 3 months of death)  11. Industry or business (Include pregnancy within 3 months of death)  12. VIOLENCE: It death was due to external causes, fill in the following:  13. Birthplace  14. Walden name (Include pregnancy within 3 months of death)  15. Birthplace  16. Industry or business (Include pregnancy within 3 months of death)  18. Function of the pregnancy within 3 months of	41 7 90	
10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Walden name.  15. Birthplace  16. Intormant  17. Maddress  18. Intormant  19. Cemetery or crematery  19. Coatlon  19. Coat	min	
Due to.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  Address  17. (Burial, crematien, or remayal, Which?)  18. Funeral director  Address  19. Funeral director  Address  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	9. Birthplace Salvar Ma	Due to Cleration of atterns
11. Industry or business  12. Name  13. Birthplace  14. Majden name  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op. 17. 13.  Antopsy results.  PHYSICIAN: Please underline the cause to which fleath should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, sulctile, or nomicide.  Date of (State)  Injured at home, farm, industry, public place (where?)  Means of injury  19. Date of Males of Date of Males of Injury  19. Date of Males	// -	0
11. Name  11. Name  11. Name  11. Walden name  12. Name  (Include pregnancy within 3 months of death)  Major findings of operations.  12. Violence: It death was due to external causes, fill in the tollowing;  13. Name  14. Walden name  15. Birthplace  16. Intormant  17. Walden name  18. Funeral director  19. Funeral director  19. Name  (Include pregnancy within 3 months of death)  (Include pregnancy within 2 months of death within 3 months of death)  (Include pregnancy within 2 months of death within 2 months of death within 3 mon		Due to.
14. Majden name   15. Birthplace   16. Intormant   16. Intor	MI I I I I I I I I I I I I I I I I I I	-
14. Majden name   15. Birthplace   16. Intormant   16. Intor	12. Name	Other conditions
14. Major findings of operations.  Major findings of operations.  Major findings of operations.  Date of op. Sept. 7 43  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, sulctide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. Signature  23. Signature  24. M. D. or other		(Include pregnancy within 3 months of death)
Address Easter M.  Antopsy results.  PHYSICIAN: Please underline the cause to which Beath should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide.  Bate of	14. Maiden name	~
Address Easter M.  Address Easter M.  Bate thereof Manual (month) (day) (year)  Cemetery or crematory or crem	\$ 15. Birthplace The The.	Made trades of obcidence
Address Easter Date thereof Many (year)    PHYSICIAN: Please underline the cause to which Heath should be charged statistically.    22. VIOLENCE: It death was due to external causes, fill in the tollowing;	16 Interment Mrs Percy Darbuttan	
22. VIOLENCE: It death was due to external causes, fill in the tollowing;  (Burial, crematien, or removal. Which?)  Cemetery or crematory  Location  Location  Location  Address  Location  Date thereof  (City er tewn)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. Signature  24. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide.  Where did injury occur?  (City er tewn)  (County)  (State)  Injured at work?  23. Signature  24. D. J.	C	
Cemetery or crematory occur? (City er tewn) (County) (State)  Location Laston Means of injury injured at work?  Address Laston Means of injury injured at work?  23. Signature Means of injury Means of injury injured at work?	Barial May 10,015	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
Injured at home, farm, industry, public place (where?)  18. Funeral director Maurice 6. Mesasses Santa Management of injury  19. 3. SIGNATURE  23. SIGNATURE  M. D. er other	(Burial, crematien, or removal, Which?)  Oate thereof. (month) (day) (year)	Accident, sulcide, or homicide
Injured at home, farm, industry, public place (where?)  18. Funeral director Maurice 6. Mesasses Santa Management of injury  19. 3. SIGNATURE  23. SIGNATURE  M. D. er other	Cemetery or crematory Asting Hell	Where did injury occur?
18. Funeral director Marking & Means of Injury Injured at work?  Address Easton Md.  19. 3/17 1945 P. L. VI US  23. SIGNATURE	Leading Easton Mrs.	
Address Easton Md.  19. 3/17 1945 Polyius 23. SIGNATURE 23. SIGNATURE 24. M. D. er other	6 11	
19. 3/17 1945 7 14. Devius 23. SIGNATURE M. D. er other	18. Funeral director A Mallicell Co. Williams 14	
19. 3/17 1945 7. 1. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Address / Caston Tha.	on COMPTINE THE A Paleur
(Date fee'd by registrar)  Registrar Address Cer Lou Lu Baie signed	" 3/12 Ho May Modius	ZJ. Signalune M. D. er other
	(Date ee'd by registrar)	Address Cerlan hu Date signed

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APR 6 1945

BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 940

03239

CERTIFICATE OF DEATH

Reg. Dist. No. 22.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	741.
(If outside city or town limits, write RURAL and give nearest town)	State County A County
How long in above place of death?	City or town
Nospital assitution, or street address where death occurred:	
	Street No.
	(If fural, give LOCATION)
long in hospital or institution?	2.(a) If veteran, name war
James J. Stewart	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2
M. Co. Manies	20. DATE OF DEATH MARCH 19 1945 at 5 30
8.(b) Name of husband or wife. Jases U. Dlessard	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) It alive, give age	March 19 18 45 10 Thank 1919 45
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death VELL Deulas DURATION
	X 60 llatou
69 6hrsmin.	
9. Birthplace Jacket County, Ind.	Due to Conogary GNIENO
(Town, connty, and date)	DelEvary
10. Usual occupation.	Due to
11. Industry or business,	
12. Name Address Start S	Other conditions.
14. Malden name Carnis Stalia Richards.  15. 6/rthplace  78.	(Include pregnancy within 3 months of death)
S 15. 6 rthplace	Major findings of operations.
M. Carrier M.	
18. Informant	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Castos . M.	-22. VIOLENCE; If death was due to externat causes, fill in the following;
17 Date thereof March 77 1945	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, Industry, public ptace (where?)
18. Funerat director	Means of Injury Injured at work?
Address Baston ned.	KUAT EEDEN IN MA
alas you mel masi	23. SIGNATURE M. D. or others
19	Addrew Egg Egg Chan Bate stened 3/21

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APR 6 1945

ETTERATIVES

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

#### CERTIFICATE OF DEATH

(13241) Reg. Dist. No. 290

2	Reg. Dist. No.
City of town (If outside eity or town limits, write EURAL and give nearest town)  How long/n above place of deeth?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside fity or town limits, write KURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  John H. Sullivan  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number  None  MEDICAL CERTIFICATION
Male Colored Married  6.(6) Name of husband or wife Saltie Lilling  7. Birth date ot deceased (mo., day, yr.) Dea 15-1885	and that I leet ear h Lill alive on 19
8. AGE: Yeers Months Deys It less than one day 59 2 22 hrs. min.  9. Birthplace Tunia Mulls 1 Mul	Immediate cause of death Acute Tremia DURATION  Due to Arteriosclerrotic Nephritis
10. Usuel occupation. Laborer  11. Industry or business Form work  12. Name. Henry Sullivan  13. Birthplace Royal Clake Md.	Due to
14. Melden name Sallie Camphon  15. Birthplace Royal Cak Mod  16. Interment Sallie Sullivan  Address Royal Cak Mod	Major findings of operations.  Date of op
17	22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
18. Funeral director South Silliams Address Caslon, M.S.	Injured et home, term, industry, public plece (where?)  Means of injury  Injured at work?  23. SIGNATURE  M. D. or other
19	Address. Date signed 3.1045

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (473)

### CERTIFICATE OF DEATH

(13241244 Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  December of mother of moth
albert F. Queitres	More
4. Sex   5. Color or race   6. (a) Single, married, widgwed, or divorced    5. (b) Hame of husband or wife   Color of the state   Color	MEDICAL CERTIFICATION  20. DATE DF CEATH.
11. Industry or business & Corr Joseph	Due to
12. Name Control Contr	Other conditions
16. Informant Das Spis Sweets es	Antopsy results
Address  17. Gurial, cremation, or removal, Which?  Cemetery or crematory  Address  G-24-45  (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, till in the following:  Accident, suicide, or homicide
Location Description of British Description of the Control of the	Injured at home, farm, industry, public place (where?)
18. Funeral director  Address  19. 53 - 2 + 18.45 - 15.40.50m  (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D., or other M. D., or other M. D.

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APR 17 1945

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

## CERTIFICATE OF DEATH

(13242 Reg. Dist. No. 242

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death  Hospital, institution, or street address where death ccurred:  How long in hospital or institution?  3. (GL) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Thank tellan sohmme	3. (b) Social Security Number 220-09-1966
4. Sex 5. Color or race 8.(a) Single, parried, widowed, or divorced  Sensele Colored 34 edoes  6.(b) Name of husband or wife Leange Tilghman  6.(c) It alive, give age years	20. DATE OF DEATH 19 At C.J. A M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) Plow 13, 1880	and that I last saw h
8. AGE: Years Months Days It less than one day  64 4 11	Due to.  DURATION  DURATION  DURATION
11. Industry or busines	Bue to
12. Name Leave Trees  13. Birthplace Deldenne MA	Other conditions
14. Maiden name Jullen Birummel  15. Birthplace Belleaue MA	(Include pregnancy within 3 months of death)  Major findings of operations.
The beautiful and a OD	Antopsy results
Address 4 H 1 W. Norris St. Phila Ta	PHYSICIAN: Please underline the cause to which death should he charged statistically,
17. Burial, cremation, or reproval. Which (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Ida Tellows Cemetery	Where did injury occur?
19. Funeral director Machanilla Carlo Carl	Injured at home, farm, Industry, public place (whore?)  Means of Injury  Injured at work?
19. March 29 19. 45 mella Coas (Date ree'd by registrar)	23. SIGNATURE.  M. J. or other  Address Date signed 3/74/45

MUNITARD STATE CHARGEST OF BEALTH.

REMOBILITY RED APR A 1945 STUREAU V.B.

#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

## 2411 N. Charles St., Baltimore 83

03243

Rog. Diat. No. 290

1. PLACE OF DEATH: Jalbot	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town (1f purside city or town limits, write RURAL and give nearest town)  Street No.
How log in hospital or institution?	2.(a) If veteran, name war. WORLD WAR #
HARRY WEBB	3. (b) Social Security Number 2/7-03-/096
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Single   S	MEDICAL CERTIFICATION  20. DATE OF DEATH School 31 19.45 at 14.30 A M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that sattended decreased from 18.45
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate Case of death DURATION BURATION
9. Birthplace (flown, county, and state)	Due to Appealeuse 1-29m
11. Industry or husiness Driet & Plaster worker	Due to
12. Name Destyl West 13. Birthplace Geosline Ces. 4d.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Hartha Ellew Shepherd  15. Birthplace Caroline, Cao. Hfd.	Major findings ol operations.
18. Informant Sarah Webb Johnson (Vister)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Oaslon, Mad.  17. Durial Date thereof Mail 2, 1945 (Burial, cremation, or regional Which?) (Burial, cremation, or regional Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematery fickards Location Caston Abd.	Where did injury occur?
18. Funeral directors T. Othis Clark	Means of injury injured at work?
Address Caston, April.	23. SIGNATURE Daybrang J. John M. D. or other
19. (Date /cc'd by registrar)	Address Date signed # 2543

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APR 6 1945 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

03244

Gounty Jallest	(For newborn infants give residence of mother)
City or town	State Many Land County Thelast
	City or fown
Now long in above place of death?	
Mengical Haspital	Streef No. (If rural, givo LOCATION)
How long In hoghial or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
A CONTRACTOR OF THE CONTRACTOR	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
9 0 . 10:4	/3
Fernale White	20. DATE DE DEATH March 23 19 43 21 2 P-M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
S.(c) If alive, give age	March 23-12 m 19 45 10 March 33-2 1518 45
7. Birlh date of	and that I last saw here alive on March 23 19 3
deceased (mo., day, yr.)  8 AGF- Years   Months   Days   If less than one day	Immediate cause of death DURATION
o. non-	atalestasia
9. Birthplace Chates (Town, county, and state)	Due to
10. Usual occupation	Due to
f1. Industry or business	
12. Name Add Warshall	Dther conditions
13. Birthplace Willowan	(Include pregnancy within 3 months of death)
14. Maiden name box Vicaginaia Willia	
14. Maiden name Rose Vingersia William  15. 8/rthplace  William	Major findings of operations.
7-1 & Institute	Date of op,
16. informant Management of the Company of the Comp	Autopsy results
Address William Mod:	
17. Cumation Date thereof March 23.45	22. VIOLENCE: If deafh was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Memorial Hospital	Where did injury occur?
Location Fastan, md	Injured at home, farm, industry, public place (where?)
18. Funeral director memorial Hospital	Means of Injury Injured at work?
	1 1 2
Address Eastan, Maly	23. SIGNATURE Dahu M. D.
19 3 23 1945 NEWIUS	23. SIGNATURE M. D. or other  Address Sastaw MA Date signed 3/29/45
(Date rec'd by registrar) Registrar	Address Caston Md Bate signed 3/29/45

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BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 73-7)

## 03245

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  City or town  (if outside city or town fimits, write-RURAL and give nearest town)  Streel No
3. (a) FULL NAME Pressie Wrentik.	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Perall Clevel. Parkers  6. (b) Name of husband mile. Arthur.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace Area (Town, coucty, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace Area Canne Co. Wed  14. Maiden name.  15. Birthplace Area Canne Co. Ned  16. Washington and States  17. Name.  18. Color or race 6. Ned  19. Language Color of the color of	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  2-14-45  19 to 3-10  19 45  and that I last saw h
16. Informant porth arthur longth Address Rentreville. Mil	Antopsy results
17 Burial, cremation, or removal Which?)  Cemetery or crematory Chrother Gulf  Location Cuntrevelle Many Land	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Bactor Tours  Address Crytherelle. Margland  19. 3/11 19. 45 M.H. Merries  (Date ye'd by registrar)	Means of Injury  23. SIGNATURE  23. SIGNATURE  Address  Address

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BUSELAU V.E.